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FAX COVER LETTER

November 9, 2005

TO:

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(571) 273-8300

FROM:

Barbara A. Wrigley

DIRECT DIAL:

(612) 607-7595

EMAIL

BWrigley@oppenheimer.com

RE:

U.S. Patent Application No. 10/804,604

Title: ACTIVE TISSUE AUGMENTATION MATERIALS AND METHOD

Filed: March 18, 2004

Art Unit: 3763

Attorney Docket No.: 22082-3001

COMMENTS:

I hereby certify that a Request for Withdrawal as Attorney or Agent and Change of Correspondence Address (three copies) is being facsimile transmitted to the U.S. Patent and Trademark

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Cristine A. Williams

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/804,604 March 18, 2004			
Filing date				
First Named Inventor	Paul Leonard Miller			
Art Unit	3763			
Examiner Name				
Attorney Docket Number	22082-3001			

To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450								
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Application Number		10/804,604				
Filing o	late	March 18, 2004				
First Named Inventor Art Unit		Paul Leonard Miller				
		3763				
Examir	er Name					
Attome	y Docket Number	22082-3001				
Examir	ner Name	22082-3001				

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ddress							
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The attorneys/agents (with registration numbers) listed on the attached paper(s), or							
☐ The attorneys/agents associated with Customer 34205							
Number							
This request is enclosed in triplicate (including any attachments). Name Barbara A. Wrigley, Reg. No. 34,950							
Name							
Signature November 9/ 2005							
Pate November 9 , 2005							

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Under the paperwork Reduction Act of 1996, no persons are required to respond to a collection of information unless & displays a valid OMB control number. 10/804,604 **Application Number** March 18, 2004 REQUEST FOR WITHDRAWAL Filing date Paul Leonard Miller AS ATTORNEY OR AGENT First Named Inventor AND CHANGE OF 3763 Art Unit CORRESPONDENCE ADDRESS **Examiner Name** 22082-3001 Attorney Docket Number

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The reasons for this re	equest are: File transfer	red to at	nother attorney.				
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Firm <i>or</i> Individual Name	Firm or Torax Medical, Inc.						
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Country	USA						
Telephone	(763) 463-4828		Fax				
This request is made on behalf of myself and All the attorneys/agents of record. The attorneys/agents (with registration numbers) listed on the attached paper(s), or The attorneys/agents associated with Customer Number This request is enclosed in triplicate (including any attachments). Name Barbara A. Wrigley, Reg. No. 34,950 Signature							
Date November 7	NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and						
NOTE; Withdrawal is effective when approved rainer trial with received. Unless they withdraw is normally disapproved.							

the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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